

**Notice:** Fill out COMPLETELY and return to Conservation Division at the address below within 60 days from plugging date.

### Kansas Corporation Commission Oil & Gas Conservation Division

#### 1220133

Form CP-4
March 2009
Type or Print on this Form
Form must be Signed
All blanks must be Filled

## WELL PLUGGING RECORD K.A.R. 82-3-117

OPERATOR: License #:			ΙA	PI No. 15					
Name:		Spot Description:							
Address 1:			_		Sec Tv	vp S. R	East West		
Address 2:		Feet from North / South Line of Section							
City:	_	Feet from East / West Line of Section							
Contact Person:			F	Footages Calculated from Nearest Outside Section Corner:					
Phone: ( )				NE	NW	SE SW			
Type of Well: (Check one)	Oil Well Gas Well	OG D&A Cathod	ic C	ounty.					
Water Supply Well	Other:	SWD Permit #:		Lease Name: Well #:  Date Well Completed:					
ENHR Permit #:	Gas Sto	orage Permit #:							
s ACO-1 filed? Yes	No If not, is we	Il log attached? Yes		•			(Date)		
Producing Formation(s): List	All (If needed attach anothe	r sheet)	by	y:		(KCC <b>I</b>	District Agent's Name)		
Depth t	o Top: Botto	om: T.D	—   <sub>P</sub>	lugging Commer	nced.				
Depth t	o Top: Botto	om: T.D		Plugging Commenced: Plugging Completed:					
Depth t	o Top: Botto	om:T.D		.uggg cop.o.	· · · · · · · · · · · · · · · · · · ·				
Show depth and thickness of	all water, oil and gas form	ations.							
Oil, Gas or Wate	er Records		Casing Record (Surface, Conductor & Production)						
Formation	Content	Casing	Size	Settin	ng Depth	Pulled Out			
cement or other plugs were u	ised, state the character of	ged, indicating where the muc i same depth placed from (bot	ttom), to (top)	) for each plug se	et.				
Plugging Contractor License #:									
City:			St	tate:		Zip:	+		
<sup>5</sup> hone: ( )									
Name of Party Responsible for	or Plugging Fees:								
State of	County,		,	SS.					
				Employee of	of Operator or	Operator on a	bove-described well,		

Submitted Electronically

(Print Name)

the same are true and correct, so help me God.

being first duly sworn on oath, says: That I have knowledge of the facts statements, and matters herein contained, and the log of the above-described well is as filed, and

## 6229

# QUALITY WELL SERVICE, INC. Federal Tax I.D. # 481187368

Home Office 324 Simpson St., Pratt, KS 67124

Office 620-727-3410 Office 620-727-3410 Fax 620-672-3663

Rich's Cell 620-727-3409 Brady's Cell 620-727-6964

	Sec.	Twp. Range	体影响 医多种动物	County	State	On Location	Finish
Date 9 6-74	1.71	30 11	-   L	che	Ks	A CONTRACTOR OF THE CONTRACTOR	
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Type Job 1711 /	Purpod !	otten.		<ul> <li>You are here</li> </ul>	by requested to	rent cementing equipme	nt and furnish
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Tbg. Size		Depth		Street			
Tool		Depth		City		State	
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Bulktrk No				Gel. /9		10 to	
Pickup No.	*			Calcium			
JO	B SERVICES	& REMARKS		Hulls 200	)# <u> </u>		
Rat Hole				Salt			
Mouse Hole				Flowseal	•		
Centralizers				Kol-Seal	<u> </u>		
Baskets				Mud CLR 48	<b>.</b>		
D/V or Port Collar				CFL-117 or			
7:8:14				Sand			
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